

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/					
9		/				
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42		/				
43		/				
44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50	/					
TOTAL IND.	13					
TOTAL DEP.	50					
TOTAL CLAIMS	63					

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53	/					
54		/				
55	/					
56	/	/				
57	/	/				
58	/	/				
59		/				
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92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						